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Called before, Michelle Davis  
Certified Court Reporter, State of Georgia,  
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The Goodwill/Anderson Conference Center,  
on August 15, 2007 at approximately  
10:00 A.M.

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STATE OF GEORGIA  
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Michelle Davis, CCR

APPEARANCES - HITT BOARD:

Patricia Massey  
Robert Bush  
Dr. James Buehler  
Denise Williams  
Dr. Winston Price

A T T A C H M E N T

Court Reporter's Disclosure Statement

NOTE:

-- Denotes interruption or change in speech

... Denotes trailing off of speech, unfinished sentence

(Inaudible) Denotes can't hear what was said

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Tom Wagoner, Core Management Resources Group, Inc.  
Susan Collins, Core Management Resources Group, Inc.  
Jennifer Laster, Taylor Regional  
Cindy Lenderman, Central Georgia Health Network  
Daniel Manning, Middle Flint Community Service Board  
Lisa Rudeseal, Pathways Community Service Board  
Pat Lewis, Cerner Corp  
Stacey Conyers, Stuart Webster Rural Health  
Nancy Stanley, Meadows Regional Medical Center  
Mike Cottle, Sumter Regional Hospital  
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Michael Edwards, Sprint/Nextel  
Don Williams, Hutcheson Medical  
Madison Mock, Medical Center of Central Georgia  
Patty Massey, Memorial Hospital  
Rebecca Drummond, Community Health Works  
David Dobbs, Science Application International Corporation  
Russ Wilson, Oconee Community Service Board  
Rick Vickers, South Health District  
George Israel, Georgia Chamber of Commerce  
Gary Donderoo, Medical Electric Attachments

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1 MS. HINES: Good morning. Welcome to the  
2 Health Information Exchange Pilot Program Applicants'  
3 Conference. My name is Denise Williams Hines. I'm  
4 the project manager for the Health Information  
5 Exchange Initiative with the Department of Community  
6 Health. A unique opportunity exists to improve the  
7 quality of healthcare received by millions of  
8 Americans and I am extremely pleased to see the  
9 strong interest from our community with this grant  
10 opportunity.

11 I would like to first start by taking a few  
12 minutes to recognize and ask our HITT Advisory Board  
13 members to please stand and introduce themselves.  
14 Our HITT Advisory Board has been instrumental in  
15 advising the department in creating this grant so we  
16 would like to take a few minutes to do introductions.

17 DR. PRICE: Dr. Winston Price, Chair of the  
18 Advisory Board.

19 MS. MASSEY: Patty Massey, I'm the CIO of  
20 Memorial Health in Savannah and on the Advisory  
21 Board.

22 MR. BUSH: Robert Bush, chair of the Health  
23 Information Exchange Committee and on the Advisory  
24 Board.

25 MR. BUEHLER: Good morning. I'm Jim Buehler.

1 I represent the Division of Public Health at the  
2 Department of Human Resources and I'm on the  
3 Advisory Board.

4 MR. ISRAEL: George Israel with the Georgia  
5 Chamber of Commerce.

6 MS. RANSOM: I'm Gail Ransom with CMS. I'm on  
7 the AD HOC Advisory Board.

8 MS. LOUVENIA: Good morning. I'm Louvenia  
9 Rainge. I'm an AD HOC member on the Advisory Board.

10 MR. WHITE: I'm Dennis White. I'm an AD HOC  
11 member on the Advisory Board with quality initiatives  
12 and quality improvement organization.

13 MS. HINES: Thank you. At this time we would  
14 also like the members of the audience to introduce  
15 themselves for us. If you could just state your name  
16 and your organization. And if you have multiple  
17 representatives from the same organization, one  
18 representative will be fine.

19 (Audience introductions.)

20 MS. HINES: The young lady that's coming  
21 around is the Court Reporter. She's officially  
22 recording this session for us so we will have the  
23 opportunity to post the transcript on the DCH  
24 website to make it available for the public. So  
25 during any time the audience is speaking she will



1       come around to make sure that she can officially hear  
2       the words that everyone is saying. So during our  
3       question and answer session she will also come around  
4       to speak -- to stand closer to the audience members  
5       as well.

6               Okay. At this time I am pleased to introduce to  
7       you Ms. Debbie Hall. Ms. Debbie Hall is our chief  
8       operating officer at DCH. She is here to kick off  
9       our applicants' conference by providing you with an  
10      overview of the department and health information  
11      technology and transparency initiatives. Please  
12      welcome Ms. Debbie Hall.

13   (Audience applauding.)

14              MS. HALL:       Thank you, Denise. And I want to  
15      personally thank each of you for talking very slowly  
16      during your introductions. I had an unexpected  
17      meeting this morning at 8:00 o'clock at the Capitol  
18      and I immediately dashed out after that meeting,  
19      trying not to look too noticeable and made it here in  
20      exactly one hour and 12 minutes. So it's a personal  
21      best and I appreciate that stalling Denise.

22              They just asked me to talk briefly about -- a  
23      little bit about the department as well as some of  
24      our goals and priorities for this year and a little  
25      bit more about how we got to where we are with the

1 Health Information Exchange Grant.

2 I first want to just start off by thanking HIT  
3 Advisory Board members and especially you Dr. Price  
4 for supporting the Georgia Health Information  
5 Exchange Pilot Program and just the dedication and  
6 commitment to that charge. I'm honored to represent  
7 the department and wanted to first just share with  
8 you our mission. It is access to affordable quality  
9 healthcare in our communities, responsible health  
10 planning and use of healthcare resources and healthy  
11 behaviors and healthy -- and improved health  
12 outcomes.

13 We have about 2.2 million members that we  
14 service through the department. We were created in  
15 1999. So it's a huge responsibility that we do not  
16 take lightly. Our initiative is in 2007 which was  
17 the (inaudible) year that Dr. Rhonda Meadows our  
18 commissioner came on board and she developed the  
19 priorities which were medical -- medicaid  
20 transformation, integrity of programs and safety net,  
21 consumerism, health improvement in resolving  
22 disparities and uninsured community solutions.

23 Now, we're still working on those and in 2008  
24 we've tweaked them somewhat and made some additions  
25 and those are listed on the board as well. Medicaid

1 transformation, financial integrity, health  
2 improvement, solutions for the uninsured, Medicaid  
3 program integrity, work force development, Peach Care  
4 for kids, program stability, the SABP evolution,  
5 consumer services and communication, and healthcare  
6 consumerism.

7 Of course, it's that last priority, healthcare  
8 consumerism, which is where the HITT falls. Of  
9 course, at its core, HITT is about empowering  
10 healthcare consumers to make informed healthcare  
11 decisions.

12 President Bush launched an initiative in 2004 to  
13 reform healthcare through the improved adoption of  
14 health information technology and empowering  
15 consumers through information. And in 2006 our  
16 governor, Sonny Perdue, issued two executive orders  
17 that created where we are today. The first order was  
18 related to creation of the HITT Advisory Board and  
19 they were charged with providing leadership for  
20 continued -- coordinated effort across this great  
21 state to achieve health information exchange. And  
22 the second order was signed to encourage marketplace  
23 transparency by providing cost and quality data to  
24 consumers.

25 So we're here today to answer any questions that

1       you may have about the project. We are happy to  
2       entertain those questions. We know this will be a  
3       huge step to accomplishing the goals that have been  
4       set out for us and we are pleased with the  
5       participation and your support and your interest  
6       that you demonstrated by being here today. Without  
7       further a do you then, I'm pleased to introduce Dr.  
8       Winston Price who is the chair of the HITT Advisory  
9       Board.

10           DR. PRICE:       Good morning. I'm certainly  
11       pleased to present to you today -- and I'm pleased  
12       with the outpouring. This is a tremendous success  
13       with respect to the initial order by the governor  
14       back in October. And obviously we recognize within  
15       the Health Information Technology Transparency Board  
16       that the success of this particular initiative would  
17       not be possible without the partnership between the  
18       government, private sector and the public.

19           And so this outpouring this morning of all of  
20       the various entities that are here is very  
21       encouraging. And so what I would like to do today is  
22       really just talk to you a little bit about some of  
23       the activities of the Board to give you a real sense  
24       about where we have come from and how we have  
25       transformed this particular Health Information

1 Technology Board to address some of the issues in  
2 that initial order.

3 As you heard from Debbie earlier, the  
4 Transparency and Technology Board developed as a  
5 result of the executive order of our government. And  
6 in November of 2006, the commissioner of the  
7 department of the Department of Community Health  
8 appointed 12 members to the HITT Board. Frequently  
9 over the subsequent presentations by myself, and  
10 others here as referred to this as the HITT Board.

11 The purpose of that Advisory Board was to  
12 advise the Department of Community Health on the best  
13 practices for the development in three aspects of  
14 this initiative. One, the electronic health records  
15 adoption in getting consumers to understand that  
16 their practitioner should be using electronic health  
17 records. Two, to address the issue of addressing a  
18 health information exchange. And third, the  
19 development of a transparency website.

20 In addition to those 12 members of the Advisory  
21 Board, the commissioner appointed 17 members to the  
22 HITT Advisory AD HOC Board and those members were to  
23 support the activities of the HITT Advisory Board and  
24 the Department of Community Health by providing input  
25 on their various areas of expertise.

1           Now, included in this particular board was the  
2           expertise in many different aspects of society,  
3           including representatives from the healthcare  
4           delivery system, the hospital organizations,  
5           individual physician practices and larger IPAs, the  
6           public health, health and human services, the Georgia  
7           Senate, medical and hospital associations,  
8           laboratories, pharmacies, dental organizations,  
9           consulting firms, legal services, foundations, and  
10          community services organizations. And so this  
11          represented truly a partnership not only of  
12          government but of the local community organizations  
13          and the healthcare industry alike.

14          Much of the initial thrust of this board was  
15          formed around a national agenda and that national  
16          agenda was outlined by the Nationwide Health  
17          Information Network. That says national there  
18          (Indicating) but it's Nationwide Health Information  
19          Network. Its main focus was intended to provide a  
20          secure nationwide intercomparable health information  
21          infrastructure that would connect providers,  
22          consumers, and others involved in supporting health  
23          and healthcare.

24          Also, to enable the health information to follow  
25          the consumer and be available for clinical decision

1 making and support appropriate use of health  
2 information beyond the patient care. This basic  
3 premise served as the basis of them setting their  
4 goals. Their goals were eight fold.

5 One, to develop standards for that data  
6 exchange, a so-called inter-operability.

7 Two, to improve the coordination of care and  
8 information among healthcare delivery organizations.

9 Three, to ensure appropriate information is  
10 available at the time and place of care. Point of  
11 service use of this system.

12 Four, to ensure security and protection of  
13 consumers' health information. One of the important  
14 components to any health information technology  
15 initiative regarding healthcare is to make sure that  
16 that information is safe in order to build consumer  
17 trust.

18 Five, to give consumers new capabilities for  
19 managing and controlling their personal health  
20 records. And many of you were involved in the issue  
21 of personalized health records or individualized  
22 health records. And part of the initiative related  
23 to that is -- it's creating some nuances for the use  
24 of that health information so that consumers can take  
25 that information with them wherever they go.

1           And hopefully, of those of you that heard of  
2       Newt Gingrich talk about some of the transformation  
3       of healthcare so that consumers need some of their  
4       health information when they're shopping for  
5       groceries and when they're involved in exercise and  
6       other issues related to changing their life style to  
7       improve their health outcomes. Quantity initiatives  
8       set out in the goals by the National Health --  
9       Nationwide Health Information Network was looking at  
10      those very issues.

11           Six, looking to reduce the risk of medical  
12      errors and support evidence-based medicine. And let  
13      me point out that evidence-based medicine has to be  
14      evidence on the entire population and so part of the  
15      framework for this is to make sure that the evidence  
16      is based on a representative group of individuals  
17      that make up the United States. And so diversity in  
18      gender and diversity in race and ethnicity until we  
19      have a better paradigm to determine individuality  
20      would be the basis of that evidence.

21           Obviously we recognize that reducing healthcare  
22      costs for medical errors and inefficiency,  
23      inappropriate care, and incomplete information is an  
24      important aspect to improving the healthcare  
25      industry. It is estimated that there are some 47 to



1       98,000 deaths related to medical errors and most of  
2       that is related to the fact that healthcare is  
3       provided in an environment where all of the important  
4       information to provide the healthcare is not  
5       available.

6               And then lastly to promote a more effective  
7       healthcare marketplace with greater competition,  
8       increased consumer choices, the so-called  
9       transparency in healthcare.

10              Now, the HITT Board decided after digesting all  
11       that information from both the national agenda as  
12       well as having presentations from a number of  
13       organizations involved in health information  
14       exchanges around the country that it would develop  
15       its own mission statement. And basically that  
16       mission statement is to provide leadership and  
17       encouragement in developing a collaborative statewide  
18       initiative that enhanced the quality, safety, and  
19       transparency of healthcare by promoting cost-  
20       effective and secure adoption of information  
21       technology which ultimately improves the health of  
22       Georgia citizens.

23              The bylaws of this particular board set out two  
24       standing committees. One, the transparency website  
25       committee; and two, the Health Information Exchange

1       Committee. Those two committees were based on a very  
2       simple premise.

3               One, transparency based on a broad scale  
4       initiative enabling consumers to compare health  
5       service availability, quality and price so that those  
6       consumers could make informed healthcare choices.  
7       And two, the HIE developed systems where two or more  
8       organizations that exchange data within and across  
9       naturally-occurring medical referral regions. Part  
10      of the basis of that will be explained in more detail  
11      because that is the thrust of why you're here today.

12             This whole board -- I might point out, this full  
13      voluntary board, including the AD HOC members since  
14      November has been meeting monthly that one and two-  
15      day retreat. And indeed, the HIE Standing Committee  
16      and the Transparency Website Committee, several of  
17      the subcommittees, have met as often as weekly via  
18      teleconference. So they're a hard working committee.

19             The goal of the Transparency Website Committee  
20      was to develop the consumer website and to provide  
21      consumers with that quality and cost information.  
22      The deliverables for that particular committee was to  
23      develop and implement that transparency website and  
24      it's consumer focused and consumer friendly. And the  
25      vast task of that particular committee was to develop

1       that by early 2008.

2               We wanted to obtain consumer input which would  
3       be an important aspect to making sure that the site  
4       was functional for consumers and so there were direct  
5       consumer input as well as focus groups and those  
6       focus groups occurred over a six-week period from  
7       late June through July in seven counties. Those  
8       counties were Rome, Royston, Cobb County, Columbus,  
9       Savannah, Moultrie, and right here in your town, here  
10      in Macon.

11              Those focus groups provided some real important  
12      information with respect to what consumers wanted.  
13      And we wanted to be sure as we built this  
14      transparency website for Georgia that it was based on  
15      the input from consumers who were going to be  
16      affected.

17              The last two goals of this particular committee  
18      was to make sure that the website was containing  
19      current and up-to-date information and that it was  
20      updated very frequently. Now, this has been a  
21      challenge which I'm sure those of you who have  
22      working in this particular field are aware of but  
23      we're going to use data from the state agencies,  
24      particularly the Medicaid claims data. Some of the  
25      data are coming in from hospitals and obviously with

1 several other components of this particular  
2 transparency website will reach out to other  
3 regulatory agencies that are tasked with obtaining  
4 key data on hospitals and healthcare.

5 And then lastly, the oversight of the actual  
6 creation of this particular website, the programming,  
7 and the maintenance.

8 The resources available to this particular -- to  
9 this particular transparency committee was really to  
10 make sure that as we developed these particular  
11 components, that we used the resources available to  
12 us. And those resources were, besides the HITT  
13 Board, the dedicated staff of the Department of  
14 Community Health, particularly the health planning  
15 unit, and its IT support. I cannot say enough about  
16 the support that we received from the Department of  
17 Community Health. None -- absolutely none of the  
18 work of the HITT Board could be done without the  
19 support of the Department of Community Health and I  
20 personally wanted to thank them for all of the effort  
21 that they put in.

22 We also had a dedicated project manager --  
23 manager assigned to the Transparency Committee in  
24 Diane Menahime. And AD HOC members from the board  
25 were requested as necessary to achieve our goals.

1           There were several subcommittees formed within  
2           this particular committee because of the nature of  
3           the information that we hoped to place on this  
4           transparency website. Those subcommittees you see in  
5           front of you, the ancillary services, the health  
6           plan, hospital ambulatory surgery, the individual  
7           practitioner, long-term care and pharmacy. I might  
8           point out that the initial phase of the transparency  
9           website would involve the latter two, that is,  
10          pharmacy data and long-term care with the other  
11          components being phased over time.

12          Let me turn now to the health information  
13          exchange. I'm not going to go into a lot of detail  
14          with respect to how that particular exchange relates  
15          to the pilot project. That's going to be covered by  
16          the next presenter Robert Bush. But let me give you  
17          a little overview in terms of the responsibilities of  
18          the committee with respect to that component of the  
19          Advisory Board.

20          Their goal was to facilitate the implementation  
21          of health information exchange statewide. Their  
22          deliverables was to create a state matching fund  
23          pilot program to promote health information exchange  
24          and to plan those two or three pilot sites.  
25          Obviously the focus of this particular application

1 meeting. The matching grant funding to support that  
2 partnership would be done by this particular  
3 committee and they would have the oversight in terms  
4 of how those particular segments were factored into  
5 the granting application.

6 They were to develop the criteria to be used to  
7 evaluate competing proposals that were submitted and  
8 to serve as a source of state and federal regulatory  
9 information regarding the health information  
10 exchange, particularly the privacy and security  
11 issues. Their resources similar to the other  
12 committee was the resources of the health information  
13 technology Advisory Board as well as a dedicated  
14 staff from the department of community health. They  
15 also had a dedicated project manager which you heard  
16 from in the welcome, Denise Williams, and we're ever  
17 so indebted to her as well, and then AD HOC members  
18 as required from the rest of the Advisory Board.

19 There were subcommittees formed with respect to  
20 the health information exchange as well and those are  
21 related to communications and outreach, privacy and  
22 confidentiality and technical standards.

23 Now, let me digress about where this particular  
24 board is today. You'll hear in subsequent  
25 discussions about the components of the HIE

1 initiative. You'll also hear discussion about some  
2 of the intricacies about the application for this  
3 particular grant process. Let me share with you the  
4 aspects of health information technology as it  
5 relates to the initiative going on around the  
6 country.

7 As you know, health information exchangers was a  
8 new kid on the block. Many of you have been working  
9 in that area for quite some time. But until there  
10 has been this national agenda to address health  
11 information technology, there is very little  
12 movement, particularly in the physician community,  
13 with respect to adopting health information,  
14 electronic medical records, E-prescribing and  
15 certainly not sharing the information among entities.

16 But in 2004 there were less than 25 health  
17 information exchangers around the country. By 2006,  
18 there are over 156 health information exchangers.  
19 Over 26 of these are fully operational. We have  
20 heard presentations for the HITT Board from Florida,  
21 Tennessee, North Carolina, Washington state, and  
22 these continue to blossom in several other  
23 communities. Indiana also has a very robust and  
24 operational health information exchange. And we want  
25 the same quality of care, the same access to health

1 information technology for the citizens of Georgia  
2 and so we're going to get on that bandwagon to make  
3 sure that health information exchange is available  
4 for improving the healthcare for the citizens of  
5 Georgia.

6 Many of you have the technology and so we're  
7 going to challenge you with your private projects to  
8 help foster that initiative across the state.

9 One of the key questions that's going to have to  
10 be answered with respect to the national agenda,  
11 particularly what goes on here in Georgia, is where  
12 is health information technology going and are there  
13 going to be winners and losers with this particular  
14 initiative? Who is going to fund it? How is it  
15 going to impact on the work force? And particularly  
16 with respect to improving quality, how is it going to  
17 be measured? Those are the challenges that are going  
18 to be befalling us as we move forward with this  
19 particular agenda in Georgia. But I can assure you,  
20 that is a fast-moving train. And as I mentioned  
21 earlier, it's a train that's going to require a  
22 partnership and a collaboration between public,  
23 private sector working along with the government.  
24 And I believe -- I truly believe that your government  
25 and your commissioner of the department of community



1 health are committed to making this happen for the  
2 citizens of Georgia.

3 We would hope that as we move forward that your  
4 applications will be innovative, will be thought-  
5 provoking, and will provide a sustainable system for  
6 us to use as a model as we move forward for a  
7 statewide initiative. I look forward to working with  
8 you as I am sure that the members of the department  
9 of community health are looking forward to working  
10 with you.

11 I thank you for your attention and I will now  
12 turn the program back over to our moderator and I  
13 believe we have a break coming up and then we will  
14 hear a presentation from Robert Bush. Thank you very  
15 much.

16 (Audience applauding.)

17 MS. HINES: Okay. We are scheduled to take a  
18 15-minute break. It is approximately 10:50. So we  
19 can gather again at 5 after, and we'll start the  
20 presentation from our HIE Standing Committee  
21 chairperson, Mr. Robert Bush.

22 (Short break.)

23 MR. BUSH: I can see that most people are in  
24 their seats. And if you could maybe wind up  
25 conversations and get back to your tables, we'll --

1       we'll get us going again. Because I know that all of  
2       us are here on a tight time schedule.

3               As I said, my name is Robert Bush, and -- and as  
4       explained earlier, I'm the chair of the Health  
5       Information Exchange Committee. And I made my first  
6       acquaintance with my slides this morning. So if it's  
7       a little bit rusty that's because we're just getting  
8       to know each other.

9               So -- but before I start, I would like to -- to  
10      say thank you to a number of people. And the pilot  
11      project grand announcements that you've been given  
12      represent a great deal of work on behalf of a large  
13      number of people. The -- the HITT Advisory Board,  
14      of course, but the Health Information Exchange  
15      Committee, our AD HOC Committee members, and DCH  
16      staff all worked very hard to try to make this  
17      happen, and to try to make it happen by this  
18      deadline.

19              That being said, I would like to thank a few  
20      people who took on some additional responsibilities.  
21      We had three subcommittee chairpersons, Jeffery  
22      Broka, Greg Fields, and Patty Massey, who just gave a  
23      great deal more time in order to carry out the work  
24      of those subcommittees.

25              And with the ever present support and leadership

1 of Dr. Price, we appreciate his input. And then  
2 there's one person that we all feel like greatly  
3 indebted to, and that with her arranging and  
4 organizing and just generally keeping things on  
5 track. We think that we weren't certain that we  
6 would be able to have the -- able to accomplish this  
7 without her, and that is Denise Williams Hines, who's  
8 the project manager for the HITT Committee. But it's  
9 a great pleasure to work with Ms. Hines.

10 But as the -- as the HITT Board, as you know,  
11 met first in November of 2006. And subsequent to  
12 that hearing, we've met monthly, and we have held  
13 several teleconferences in-between so that we've been  
14 working overtime for this period of time.

15 During our meetings, we heard experts present on  
16 topics that helped to delineate the value and  
17 principles that are implicated in coming up with the  
18 Health Information Exchange System. Again, we  
19 created the subcommittees, which -- in which a great  
20 deal of the work was done.

21 And then as a group, again, with DCH, our AD HOC  
22 Committee members, and the board, we analyzed, and  
23 evaluated, and debated issues such as privacy,  
24 limited use, and sustainability, and you'll see each  
25 of those values, among others, reflected in the grand

1 announcement.

2 Now, after all of that work, we enter our first  
3 step, and that is the -- the Health Information  
4 Exchange Pilot Program, again, the reason I'm here --  
5 here today. As most of you know, there is allocated  
6 \$900,000 in funding, which is intended to apply to  
7 you -- apply to you so that you can apply your  
8 expertise and ingenuity to helping us foster health  
9 information exchange in the State of Georgia.

10 Now, DCH will award matching grants to two or  
11 three organizations that are prepared to make  
12 significant investments of time, effort, and money in  
13 furthering the cause of health information exchange  
14 in our state. The programs will seek to promote the  
15 development of health information exchange systems,  
16 to promote electronic prescribing, and/or promote the  
17 adoption in electronic medical records between  
18 multiple entities across Georgia.

19 That is to say that you've reached the point  
20 that we've done a lot of research, we've done a lot  
21 of study. Now, we know what we know, and now we want  
22 to place it where we are. We want to give it to you,  
23 and we want you to apply.

24 And -- but we want you to apply your experience  
25 in your communities and to give us some answers

1 specific to say to Georgia, give us some input so  
2 that we can take our next step. So we welcome your  
3 submissions, and we greatly appreciate seeing each  
4 and every one of you here today. This is a good  
5 turnout.

6 MS. WARD: Good morning, everyone. Okay, my  
7 name is Tiffiney Ward, and I'm going to try to  
8 advance these slides. I am here for the Office of  
9 Procurement Services, and what I'll be covering today  
10 is a little bit about the actual grant that you guys  
11 have been looking at.

12 So we want to first talk about the overall goal.  
13 The overall goal of the grant is to facilitate the  
14 adoption of health information exchange, electronic  
15 records, and electronic prescribing for the purpose  
16 of healthcare and public health.

17 Two topics that I will be covering will be your  
18 eligibility, and I'll be talking about planning,  
19 implementation, eligibility of applicants, the  
20 application, and then we'll cover the organizational  
21 structure, your financial ethics of policy --  
22 privacy, medical tips and submission, some  
23 milestones, then we'll go on to Q&A, and I'll give  
24 some more instructions in regard to Q&A.

25 Let's first talk about planning. Here with your

1 planning, we want to have an organization that will  
2 provide technical, a technical environment that is  
3 conducive to the HIE -- HIE system. As you can look  
4 through the grant. And if you haven't, I advise you  
5 to go to [www.dch.ga.gov](http://www.dch.ga.gov). You may pull down the grant  
6 there. But we are looking for an organization that  
7 will help make this HIE project group system work.

8 Implementation. The organization must be able  
9 to implement the HIE system as it is directed within  
10 that grant. So it's very important that you  
11 thoroughly read the grant so that you know whether or  
12 not your organization can supply all the necessary  
13 technical requirements.

14 Lastly, we are looking for applicants. We're  
15 looking for healthcare providers who have experience  
16 with electronic medical records. We're looking for  
17 healthcare providers and/or organizations who are  
18 interested in collaboration of -- with the State of  
19 Georgia and have agreed to collaborate with the  
20 exchange of health information within the state.

21 So what that means is that we're looking for an  
22 organization, the healthcare providers, or an  
23 organization who is looking to collaborate with  
24 another organization, a state agency, and the State  
25 of Georgia as a whole in order to see that the HIE

1 project, the pilot is a success.

2 Naturally, we're also looking for healthcare  
3 providers that are implementing and planning to  
4 implement E-prescribing. I think Dr. Price talked  
5 about some of the initiative of HIE, and E-  
6 prescribing is one of those, as well as electronic  
7 medical records and a few others so that we can  
8 insure the health care of the state.

9 Now, this goes to the applicant requirements.  
10 Your organizational structure -- in your packets it  
11 asks you to -- in your application it asks you to go  
12 into detail about any collaborators that you're going  
13 to be working with. We want to know in detail who  
14 the collaborator is, and the roles that they will  
15 play. Okay. That's going to be very important so  
16 that we can know what type of stance of information  
17 that we'll be receiving, and who will be working with  
18 us.

19 Also, we want to know your financial stability.  
20 This is another thing that's important because --  
21 because of the -- the -- the importance that we've  
22 allotted hundreds of thousands dollars for this  
23 grant, we want to ensure that those who are  
24 participating are financially stable to see it  
25 through. This is just the pilot. There will be more

1       to come. So we really wanted to make sure that those  
2       organizations have a solid foundation. Okay.

3               Additionally, we'll be working with ethics and  
4       privacy. Now, those of you who work in a healthcare  
5       industry, which I'm sure all of you have touched it  
6       in some degree, you understand HIPAA regulations.  
7       HIPAA has become very, very important. It's always  
8       been important, but it's even more essential now that  
9       we've follow all of the HIPAA regulations.

10              In addition to that, we want to make sure that  
11       we follow the Public Health Information Act, so we're  
12       going to make sure that we are covering all of the  
13       ethics and privacy. In your packet there is a  
14       statement of ethics that is DCH. There is also an  
15       agreement that you must sign in regards to that just  
16       so that you're assured of what DCH's stance is on  
17       ethics policy.

18              Now, this comes to the interesting part. As --  
19       a person who is interested in the pilot for this  
20       grant, we ask that everyone submit a letter of  
21       intent. And with this letter of intent is simply --  
22       as -- and as an example of the intent that's posted  
23       on two websites -- the letter of intent let's us know  
24       that you're interested in submitting a bid, or an  
25       application.



1           And it's just a very simple -- a simple  
2           statement. But to those persons who are interested  
3           must submit this letter, and it's due August 31st.  
4           If you do not submit a letter of intent, we will not  
5           consider that grant. That's one thing that you want  
6           to do right. And we'll talk about the milestones  
7           next.

8           When submitting your application -- when you're  
9           submitting your application, of course, as Dr. Price  
10          said, we want to make sure every application is  
11          innovative and thought provoking. We want to ensure  
12          that as you're submitting, you know, how you plan to  
13          accomplish this goal.

14          But for the logistics of it, you will submit an  
15          application to the Department of Community Health,  
16          and it will come to our procurement offices. And I  
17          ask that you please, please -- this is very important  
18          -- check our website frequently because what happens  
19          is that there'll be addendums that will be posted,  
20          and with each addendum you must sign and return it  
21          with your packet and then so we can have a complete  
22          packet. So it's -- it's very important that you  
23          check the website often.

24          And with that being said, let's talk about the  
25          milestones. We do know that the RFGA went out on

1 August 1st. We have expanded our questions and  
2 answers into a two-phase approach. What we will do  
3 is we'll have questions and answers. Questions that  
4 are submitted up until the 24th of August. We'll  
5 post an answer for those by the end of the month.

6 And then we'll allow you to submit questions  
7 August 25th through September 2nd, and we'll post  
8 those by the 14th. So that way if there are any  
9 questions that may come up as a result of the prior  
10 statements that have been posted out there, you'll  
11 have your opportunity to do so.

12 One caveat that's very important for you to  
13 remember is that when you're submitting a question,  
14 it has to be in writing, and it must go to the  
15 issuing officer for this grant. And that person is  
16 -- I'm going to give you their e-mail address, but  
17 it's also in you packet. Her name is Cordellia  
18 Vanover, and her e-mail address is  
19 cvanover@dch.ga.gov. So it's very important that you  
20 submit those questions in writing, because that is  
21 the official record for DCH. Okay.

22 So your letters of intent, again, are due on  
23 August 31st. Your application deadline, that's  
24 including all addendums and everything that you need  
25 to make this smooth package, is due on September 28th

1 at 4:00 P.M., I believe it is. And that means that  
2 you can bring it into the office. You can courier it  
3 to our office. But it must be in the DCH procurement  
4 office and stamped by that 4:00 P.M. on the 28th.

5 We intend to award the grant on or about  
6 November 1st. And what that means is that we'll have  
7 a review process that we'll go through, and we'll  
8 select the best candidate or candidates in order to  
9 fulfill the HIE grant.

10 Now, what I'd like to go into is next is  
11 question/answer. And I need to give you a few brief  
12 instructions about that. When you are asking a  
13 question, and I ask that the panel that will be  
14 answering the technical questions please come  
15 forward. But when you will ask a question, because  
16 we have a Court Reporter here, I ask that you state  
17 your name and your organization prior to asking a  
18 question just so that we have a very clear record.

19 In addition to that, I understand that the  
20 questions that you ask here must be submitted in  
21 writing for the formal record of DCH. I know that  
22 sounds a little redundant, but this is for  
23 informational purposes, and so for our official  
24 record we ask that you submit all of your questions  
25 in writing to the e-mail address that I gave you.

1 And your questions will be posted on the website in  
2 the time frame that we've allotted.

3 And this, again, for -- and any persons who may  
4 have difficulty pulling down the grant application on  
5 the web, we have provided just a few -- this is an  
6 awesome turnout -- but we have provided just a few  
7 copies of the grant that are at the registration  
8 table. So if you've had difficulty, we have a hard  
9 copy here for you. But the -- the number is limited  
10 I must say.

11 Again, any questions please submit them in  
12 writing, and now we're going to open up the doors to  
13 our question and answer. Anyone have a first  
14 question regarding to the grant. Yes, ma'am.

15 MS. MURPHY: My name is Kathleen Murphy, and  
16 I'm from the Cobb CSB. Our executive director is  
17 Todd Citron, AD HOC Committee. Is there a conflict  
18 of interest to which an organization that he is a  
19 member of applies for this grant opportunity?

20 MS. WARD: Okay, I'll answer that question.  
21 Currently, we are looking into -- I believe we've had  
22 that question raised and we have decided to defer  
23 that question to a later time. We will send out  
24 notices to the board members as to what the official  
25 recommendation is regarding any persons who have --

1           may have a conflict of interest.

2           MS. MURPHY:     Thank you.

3           MS. WARD:       Yes, sir.

4           MR. THOMPSON:   I am Herman Thompson, (inaudible)

5           Center.  If I choose a planning grant to submit, what

6           can the funds be used for?  Can they be used for

7           equipment to, you know, providing the technology

8           infrastructure to go forward in implementation?

9           MR. PRICE:       I believe the application spells

10          out that the funding cannot be used for new equipment

11          to institute your -- your projects.  But it certainly

12          could be used for the planning process, for the

13          project.

14          You know, when you're saying, equipment, are you

15          talking about new hardware for your process, or new

16          additions to your basic infrastructure that you have

17          at your company?

18          MR. THOMPSON:   Yes.

19          MR. PRICE:       For instance?

20          MR. THOMPSON:   Just, you know, if -- a new

21          laptop purchase, or a Tablet PC, or any number of

22          things like that.  Can any of it be used that would

23          be going towards the implementation of (inaudible)?

24          MR. PRICE:       I believe not in the way the

25          application process is stated.

1           There seems to be some discussion. You know, if  
2           -- if your HIE that you're developing and the laptops  
3           are for other entities that you are bringing into the  
4           fold, there may be some leeway to allow them to  
5           happen.

6           One of the things we don't want is to have  
7           individual applications come in under the guise of,  
8           well, we -- we think we can develop an HIE, but all  
9           we need is -- is the money from the Department of  
10          Community Health to buy all this equipment. And  
11          there's really no offer of terms of how we're going  
12          to develop their -- their -- their project, and  
13          they're hoping to develop things out as they get all  
14          the equipment in. That's not going to be a very  
15          innovative project, and so we probably would not.

16          This is not an official answer to an application  
17          if you did that. But that would not stand out as an  
18          innovative project.

19          MR. THOMPSON: Okay, thank you.

20          MR. BUSH: I just want to make a note to the  
21          same -- that part of the action does not have to be  
22          financial, so you might want to feel around some of  
23          that and the matching portion -- of your matching  
24          portion of the grant.

25          MR. SIMS: I'm Perry Sims with the

1 Department of Human Resources, Division of Mental  
2 Health. Are there any particular rules for state  
3 entities applying for the grant? I assume we are not  
4 excluded.

5 MS. WARD: There are no rules regarding  
6 other state agencies.

7 MR. VICKERS: Rick Vickers from the South  
8 Health District. And just to elaborate on a previous  
9 question, we talked about equipment, and I think the  
10 example was a laptop. What we were looking at is  
11 further enhancing our infrastructure where security  
12 is concerned. So if we bought hardware or software  
13 appliances for security purposes only.

14 And also, as a secondary question. What about a  
15 prepackaged software application that we might have  
16 or could use to promote this goal?

17 MR. PRICE: I think new equipment to enhance  
18 an already existing infrastructure, particularly if  
19 you're addressing the issues of confidentiality and  
20 security would be viewed in -- in a positive light,  
21 as well as software that is to enhance your -- your  
22 -- your vision and admission in terms of a key named  
23 -- your HIE. So that -- that would be allowed from  
24 -- from my perspective.

25 MS. WILDER: Susan Wilder, Regional

1       Hospital. A caveat off to that disaster recovery or  
2       preparation for disaster recovery, would we be  
3       allowed to buy software, hardware to help us with  
4       that?

5               And the second question once you are done.

6               MR. PRICE:       Disaster recovery and disaster  
7       preparedness is at the height of what the ultimate  
8       mission exchange is -- is about in addition to  
9       improving health care. So, yes, I'm sure that any  
10      enhancement to your basic infrastructure addressing  
11      those particular issues would be welcomed.

12              MS. Wilder:     And the second question is, do  
13      you anticipate, of course, funding available -- any  
14      further funds coming down the road?

15              MR. PRICE:       Are you a politician?

16              MS. Wilder:     Absolutely not.

17              MR. PRICE:       I'm not a politician either. And  
18      this may be on or off the record, depending on how  
19      the governor's office wants to look at it. I know  
20      the governor is -- is particularly stressed and  
21      strapped in terms of what he had to go through just  
22      to balance the budget in this particular fiscal year.

23              And I know one of his strong concerns is to make  
24      sure there's enough funding in the budget to provide  
25      health insurance for all of the citizens of Georgia,



1 particularly the children. If there were additional  
2 funds readily available and earmarked for this  
3 project, I'm sure that the governor would make them  
4 available to this particular project.

5 He's committed as well as the other governors  
6 who have signed onto this memorandum of understanding  
7 on health information technology. Many other states,  
8 as you know, have earmarked funds in the range as  
9 much as \$10 or \$15 million for the health information  
10 exchanges, transparency, and other initiatives to be  
11 rolled out across their states.

12 So I'm sure that there's a great interest in  
13 partnering with both the public and private sector  
14 and community based organizations to help the  
15 government supplant this initial pilot project. But  
16 don't minimize the impact of this particular initial  
17 pilot project. This is a start. This money was --  
18 was pulled together in a matter of weeks or months to  
19 -- to allow us to do this.

20 And the chair of this committee, Robert Bush,  
21 had the task of making sure that that money didn't  
22 drift away onto some other process within the state.  
23 And so we're quite pleased to be here with you, and  
24 to be talking about how that -- how to gauge your  
25 application for this money.

1           So I'm -- I'm pleased with what I've seen from  
2           the commitment at both the government's level and  
3           from the Department of Community Health that they  
4           will try to secure as much money to -- to move this  
5           agenda forward going -- going on.

6           MR. BUEHLER:    I would like to add a footnote to  
7           an answer to one of the previous questions about  
8           government agencies responding.

9           If you look at the list of eligible applicants,  
10          it is geared towards healthcare and health service  
11          providers. But among that list it specifically  
12          includes local public health departments, county  
13          health departments, or in Georgia, the counties who  
14          are organized into public health districts. So they  
15          would be a potential eligible outfit.

16          In addition, the announcement requires that any  
17          applicant establish at some level a partnership and  
18          demonstrate the involvement of a public health  
19          partner at either the local or state level. So  
20          public health participation can occur either as a --  
21          as an applicant, a member of the consortium, or at  
22          some minimum level of engagement with the primary  
23          applicant.

24          MR. BERRY:       Stephen Berry, Central Georgia  
25          Health Network. Assuming additional funds are made

1       available, will they be made available to the initial  
2       three winners or will they be made available  
3       (inaudible).

4               MR. BUSH:       That's one of the issues that I  
5       had mentioned that we had some real discussion over.  
6       You know, it's the sustainability.

7               One thing that we did work out in our -- in our  
8       conversation is that we do want to reward projects  
9       which look as if they are sustainable. And we do  
10      want to reward -- reward any solid project. And it's  
11      in our view that if you are in need of this type of  
12      project, and it is successful, you're going to be  
13      notorious above organizations that have not been  
14      there.

15              So without being able to say because of the  
16      vagaries of our political process that, yes, we will.  
17      I can tell you that we want something good from you,  
18      and we want to encourage you to do good. We want  
19      things that are good to be sustained.

20              MR. PRICE:       Now, there are two words that  
21      were paramount in that -- sustainability and  
22      scalability. And so as your projects outline the  
23      ability to scale up and roll your pilot in an  
24      effective way, particularly to at risk communities  
25      and vulnerable populations. Then that would be in

1       your favor if -- if that may be decided that  
2       additional funding would allow that pilot to roll out  
3       to other communities and to other vulnerable  
4       populations.

5               So -- so sustainability, yes, you can find the  
6       funding to continue your pilot project. But the key  
7       is, we're looking at innovation to be able to look at  
8       the pilot as something that we can use as a model for  
9       a statewide initiative.

10              Now, with that said, that means that other  
11       entities who don't receive any of the initial pre-  
12       pilot funding should not continue to develop their  
13       projects and their plans in terms of what they feel  
14       would allow us to provide to the citizens of the  
15       State of Georgia -- the highest quality of  
16       information technology and capability.

17              And so when the addition -- when the additional  
18       funding becomes available, we will develop a process  
19       for bringing that funding to those entities who can  
20       -- can drive that train.

21              MS. DRUMMOND: Hi. Rebecca Drummond, Community  
22       Health Works. My question is, can entities that are  
23       not medical providers or organizations of medical  
24       providers apply as administrators of a new initiative  
25       that serves to collaborate -- to form a collaboration

1 of multiple medical providers organizations and  
2 medical providers? Did that make sense?

3 MR. PRICE: Yeah, excellent. I'm going to --  
4 I'm going to turn it over to Robert Bush. Because I  
5 know they addressed that in their particular  
6 committee deliberations.

7 MR. BUSH: Yes.

8 MR. CESAR: Mario Cesar, with Pearlnet. I've  
9 got a question about the -- who will own the rights  
10 to the health information exchange once it's selected  
11 to -- fully selected? Who will own that system?

12 MS. WARD: DCH will own that system, and  
13 with the Advisory Board. All information that is  
14 gathered that is public -- or that is gathered on  
15 behalf of DCH, DCH reserves the rights to.

16 UNKNOWN SPEAKER: It's not the (inaudible), is  
17 it?

18 MS. WARD: No. It's the information.  
19 Any other questions?

20 MS. STANLEY: If you have a health care system  
21 that has different corporations -- sister  
22 corporations -- they have different governing bodies  
23 that are owned by the same entity, would that --  
24 would those sister corporations be considered  
25 separate corporations?

1           MR. PRICE:       For different occupations?

2           MS. STANLEY:   Well, in the -- in the grant it  
3 says that it needs to include two separate  
4 corporations.

5           MS. WARD:       The purpose of it saying that  
6 instead of having exchange, the grant does not allow  
7 for insured company organizations to exchange  
8 information with each -- each other. It's -- the  
9 purpose is to exchange with other organizations.

10          MR. HEIN:       Charlie Hein, Reliable Health  
11 Care of Rome, Georgia. It shows in the application  
12 that the grant award will be considered for planning  
13 and/or implementation. I've heard it mentioned  
14 several times and documented here two to three or  
15 more recipients. If a grant proposal includes both  
16 the planning and the implementation, is there a  
17 greater weight given to those types of applications?

18          MR. BUSH:       I think the way -- the way to  
19 think about that is that does it strengthen your  
20 plan, and then it will be considered as it meets the  
21 requirements of the grant. So, in other words, you  
22 hit this element, this element, this element, this  
23 element, then if -- if it does it in a sensible way,  
24 then your -- your grant will be -- will be considered  
25 in relation to that.

1           There's not -- there's not a formalized benefit  
2           to addressing both sides. However, you know, the  
3           strong proposal is the strongest proposal.

4           MR. PRICE:       And was there an undertone in  
5           that as to whether the proposal or not you will be  
6           eligible for two out of three grants.

7           MR. HEIN:       Sure.

8           MR. PRICE:       Was that your -- no, I'm not  
9           suggesting, but --

10          MR. HEIN:       If -- if there's 900,000, and  
11          there's only two that -- that are awarded, could you  
12          get 450 if you did both phases of it, for example?

13          MR. BUSH:       You can. The answer to that is  
14          -- I apologize if I overlooked that. We are going to  
15          gauge the strength of the pool of applicants. And if  
16          your project is that strong, or has that breadth, or  
17          has that promise, then there is the possibility that  
18          instead of giving three grants of 300 each, we could  
19          possibly consider enhancing another grant.

20          But that's as definite as I want to state it.  
21          But I'm encouraging you to -- to create the -- the --  
22          the greatest breadth and strength that you can with  
23          your proposal.

24          MR. HEIN:       Thank you.

25          MR. BERRY:       Steve Berry, with Central Georgia

1 Health Network again. Could I mention, we just  
2 visited the question from the gentleman over here  
3 about who owns the system, and the answer -- that DCH  
4 owns the system, and the information.

5 My question is, I need more clarification on  
6 that. Are we saying that DCH owns the medical  
7 records that are housed in their system, and if so,  
8 what do you think the doctor reactions to that is  
9 going to be?

10 MR. PRICE: The philosophical answer, and I  
11 will ask Robert Bush to chime in, is the patient owns  
12 the information. Okay. That's the hallmark of any  
13 health information exchange system. And so we want  
14 consumers, number one, and we want physicians that  
15 buy into the health information technology not to  
16 feel that -- that the information on their patients  
17 and the information on themselves is -- is being  
18 sold, or used, or held by any other interest group.

19 And so what we say that's owned by the  
20 Department of Community Health, that's from the  
21 administrative sense in terms of who is able to --  
22 if your entity goes belly up, or decides to go  
23 international and -- and wants to leave the health  
24 information arena, then the consumers and the health  
25 industry who have vested an interest in the



1 information that's put into that system has a fall  
2 back to know that the Department of Community Health  
3 will then transfer that information to whatever --  
4 whatever other health information exchange system is  
5 going to provide the care to those individuals.

6 That said, it's important for you to recognize  
7 that most of the health information exchanges that  
8 are doing well around the country do not allow  
9 identified information to -- to go from entity to  
10 entity without the approval of the consumer. And --  
11 and so whatever we're talking about in terms of this  
12 health information exchange is going to follow that  
13 same premise.

14 In all other of the -- all of the HIPAA  
15 guidelines, all the CCR guidelines, all of the  
16 privacy and security confidentiality rules that exist  
17 for the national agenda are going to follow the same  
18 guidelines for this particular pilot project. So  
19 don't just think because it's a pilot that we're  
20 saying it's an experiment and there's going to be  
21 some ability to use this data in ways that are  
22 different from the guidelines that are established  
23 nationally.

24 MR. BUSH: Well, being an attorney, I'm  
25 going to inject some gray area into this. But

1       actually it's for a good purpose, and that is that.  
2       This is a question that implicates the number of --  
3       of legal concerns and -- and proprietary concerns,  
4       and then our concerns about, you know, obviously, our  
5       privacy and security and then also, in that the  
6       project needs to be sustainable and somehow you've  
7       got to make things work to get (inaudible) on your  
8       part.

9               That being said, I would suggest that you submit  
10       the question and ask for an answer in writing, and  
11       ask for it -- make it a good detailed question  
12       because I would like to read it once you get it  
13       myself.

14              MS. WARD:       And just to reiterate, please  
15       note that all the questions that you've asked here  
16       today, I do ask and encourage you to submit those in  
17       writing, also.

18              MR. GEHLOT:     Ajay Gehlot from the South  
19       (inaudible) Georgia Healthcare. If we are the  
20       leading applicants, and we work with different  
21       hospitals because we have multiple locations, the  
22       hospitals may decide to apply for the grant on their  
23       own with a different project. Is that a problem?

24              Can we choose them as our partners for something  
25       we are thinking of applying for? Which means we are

1 the leading applicant, and our partners in the  
2 consortium, can they apply on their own individual  
3 projects?

4 MS. WARD: That is a question that we have  
5 been trying to determine what road we're going to  
6 take on that. And the best thing I can tell you at  
7 this point is to submit that question in writing, and  
8 we'll submit an official response to it.

9 MR. BUEHLER: One -- one thing I would like to  
10 clarify is that we as members of the Advisory Board  
11 are providing advise to the department (inaudible)  
12 and the department has the definitive say on -- on  
13 these issues.

14 If -- if my advice were asked in terms of how I  
15 would view an applicant, or if I saw two applicants  
16 that were overlapping or competing, I -- I would  
17 think that the stronger application would -- would --  
18 would be to see people from within a region coming in  
19 together rather than competing with each other. That  
20 -- that would be the advice I would give to the  
21 department. I think that's just -- that's just  
22 logical.

23 We'd -- we'd rather see entities that -- that  
24 have some logical relationship with one another based  
25 on their -- where they are geographically

1 collaborating with each other rather than competing  
2 against each other for this.

3 MR. PRICE: And that's outlined in the  
4 application as well. Dr. Buehler explained it very  
5 well. But in your application we're asking for  
6 letters of support from the other entity. And how  
7 would that look you writing a letter to the hospital  
8 saying, I would support them in their grant process,  
9 and them doing the same for you. It would seem as  
10 though you're not really collaborating an effort.

11 MR. GEHLOT: I think one of the answers is  
12 correct in a way, but that wasn't what I was  
13 intending to ask.

14 We are a Community Health Center. Our  
15 objectives and mission is a little different from  
16 what hospitals do (inaudible), and because of the  
17 health information exchange, there are some -- some  
18 -- some critical missions which (inaudible) the  
19 hospitals than ourselves.

20 But their priorities may be different in what  
21 they -- what they developing in this exchange  
22 compared to ours. So they may go and apply for  
23 something else which we then aren't even a part of.  
24 When we may apply for a different project where the  
25 hospitals may be a little part, a small part.

1           MR. PRICE:       Right.  And -- and you're quite  
2       right.  For instance, if the hospital wanted to apply  
3       for the health information exchange component but no  
4       E-prescribing and your interest was E-prescribing,  
5       then we would certainly look at those as two separate  
6       initiatives.

7           MR. DONDEROO:  Greg Donderoo from NEA.  I was  
8       just curious whether or not there's going to be any  
9       notification of the interested parties to allow for  
10      some more communication between entities to see if  
11      anybody wants to join up in partnership, or you kind  
12      of have to hunt down everybody separately?

13          COURT REPORTER:       What's your last name?

14          MR. DONDEROO:       Donderoo.  D-O-N-D-E-R-O-O.  
15      (Spelling).

16          MS. WARD:           Am I to understand that you  
17      are wanting to know whether or not there will be any  
18      notification of those who submit a letter of intent?

19          MR. DONDEROO:       Or just people that are  
20      interested -- is there any communication methodology  
21      between everybody in the room at this point in time  
22      saying, yes, I'd be interested in joining up with  
23      different parties to see -- to allow the partnership.  
24      This is a large project.

25          Everybody's got their own specialities, but

1       meanwhile, we're all sitting in the dark. Is there  
2       any portal for communication?

3               MR. PRICE:               Yeah. I -- yeah, and this  
4       is an unofficial answer. The strongest application  
5       would be if all of you sat together after this  
6       meeting and came up with one application.

7               MR. BUSH:               That isn't to say that we  
8       might not be able to arrange (inaudible) --  
9       (inaudible) so I try to avoid it. But that isn't to  
10      say that we can't talk about listing the applicants  
11      on a website so that you might be able to contact  
12      each other. I know that's been done with other  
13      grants, and -- and to make it easy for you to contact  
14      each other. So we can discuss that and then -- and  
15      then submit the question in writing, to make sure you  
16      get your response.

17              MS. WARD:              He's right. Any other  
18      questions? Has everyone taken a look at the grant?

19              Okay. Well, I -- I really do encourage you all.  
20      This has been a very fruitful meeting that we've had.  
21      And I do ask that everyone please, please submit your  
22      questions in writing.

23              Also, please read the website frequently because  
24      addendums are posted. They can be posted daily. So  
25      to make sure that you have the -- the latest and the

1       greatest of what's out there, I ask that you go out  
2       there and take a look on it often.

3               And like I said, if you have any questions,  
4       we'll be taking two rounds of questions through the  
5       24th. And then the next set will be through the 7th  
6       of September.

7               And if there are no further questions, I'll be  
8       turning back over to Ms. Hines.

9               MS. HINES:               Okay. At this time, I want  
10      to just let everyone know once the transcript is  
11      ready, we will post it on the official DCH Website.

12              We're are also videotaping, so we will have the  
13      ability to be streaming video via the web. And also  
14      the presentation will be posted on the DCH website.

15              Again, please submit your questions in writing,  
16      and we'll have those posted by the days outlined by  
17      Tiffiney. And we are looking forward to receiving  
18      letters of intent to apply by August 30th -- 31st so  
19      we can get a feel for how many interested parties  
20      we'll have going forward.

21              Again, thank you very much for coming out. If  
22      you have any questions or comments or need to get  
23      questions back to us, again, submit them in writing  
24      to Cordellia Vanover. I think Tiffiney gave the web  
25      -- the e-mail address as well as that information is

1           posted on the DCH website.

2                   Well, if there is no further business, at this  
3           time, we are concluding our applicants' conference.

4           Thank you very much and safe travels to you.

5 (CONCLUDED, 11:08 A.M.)

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CERTIFICATE OF REPORTER

GEORGIA, BUTTS COUNTY:

I, Michelle Davis, Certified Court Reporter,  
State of Georgia, CERTIFY that acting in such  
capacity I reported the foregoing deposition and on  
the foregoing pages numbered 2 to 56 have transcribed  
a true and correct transcript thereof.

FURTHER I CERTIFY that I am not counsel for nor  
related to any party to the captioned case nor am I  
interested in the event or outcome thereof.

WITNESS my hand and official seal as Certified  
Court Reporter, State of Georgia, Certificate Number  
2572 this 15th day of August, 2007.

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Michelle Davis, CCR